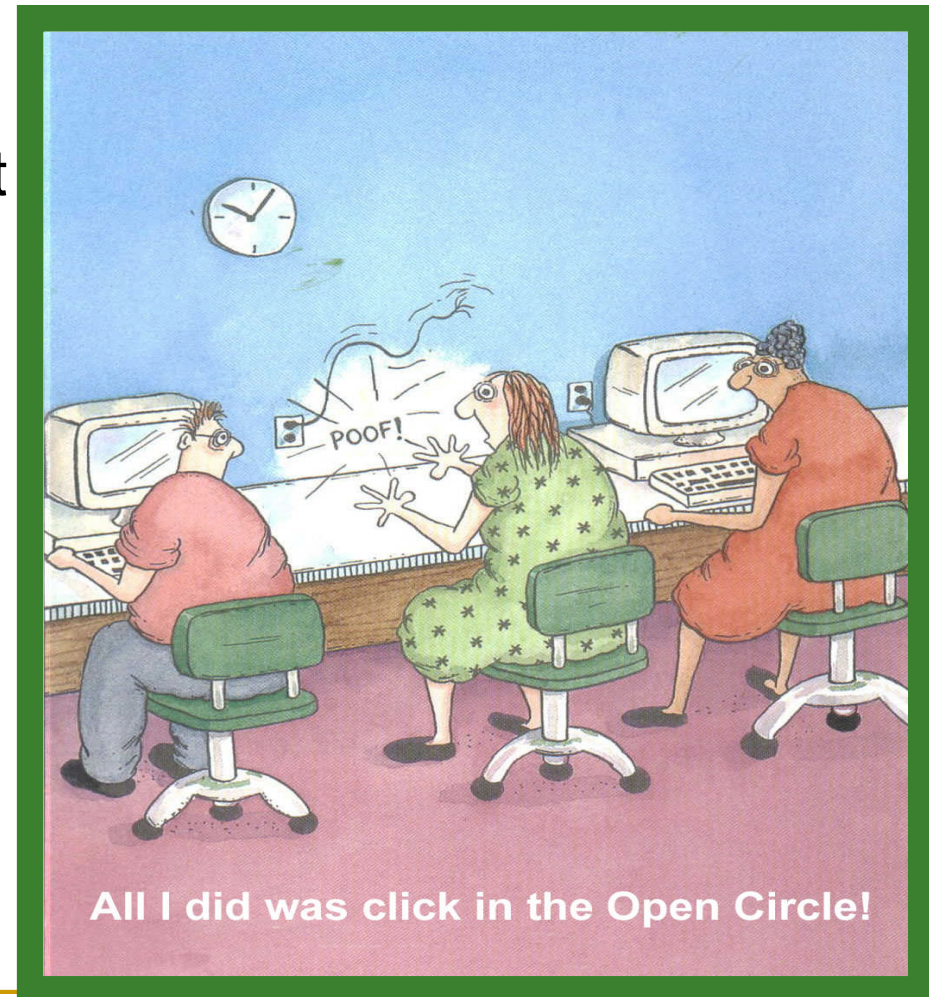


Integrated System Detail Adjustment Training

- Submit Claims on the IS
- Report Medicare payment and adjustment
- Report Other Insurance payment and adjustment
- Report Client's share of cost
- Clarify DA Error Messages
- Q & A



Detail Adjustment Entry Guidance

Directly Operated Providers
Are required to:

- Enter OHC Payment and Detail Adjustment info
- Enter Client's SOC
- Balance to Claim Amount

Contract Providers
Are required to:

- Enter OHC Payment and Detail Adjustment info
- Enter Medicare Payment & Detail Adjustment info
- Enter Client's SOC
- Balance to Claim Amount

Other Payer/Detail Adjustments Fields

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7381-BIENVENIDO:7381A-BIENVENID

Other Payer Client: Tester , Example (,7381A002) ?

Options

Return

Payer:

SubscriberID: Amount Paid:

Payment Date: Auth Code:

Adjustments:

GroupCode:

Reason:

Amount:

Quantity:

Add >>

Group	Reason	Amount	Quantity
1			

Save Cancel

New DA fields

Other Payer Screen w/ OHC info.

DMHISP | Clinical | Outpatient Episode | Outpatient Service - Windows Internet Explorer

https://testdmhisintra.co.la.ca.us/ClinicalWeb/OutpatientClaimPayer.aspx County of Los Angeles [US]

File Edit View Favorites Tools Help

DMHISP | Clinical | Outpatient Episode | Outpatient Se...

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH Home Clinical Administrative Plan CIOB

7381-BIENVENIDO:7381A-BIENVENID

Other Payer

Enter OHC info same as before

Payer: Other1 Insurance [07/01/2002]

SubscriberID: 1234 **Amount Paid:** 100.00

Payment Date: 9/15/2011 **Auth Code:**

Adjustments:

GroupCode:

Reason:

Amount:

Quantity:

Add >>

Group	Reason	Amount	Quantity
1			

Save Cancel

Confidential patient information, see California Welfare and Institution Code section 5328.

Other Payer: Select Group Code

DMHISP | Clinical | Outpatient Episode | Outpatient Service - Windows Internet Explorer

https://testdmhisintra.co.la.ca.us/ClinicalWeb/OutpatientClaimPayer.aspx County of Los Angeles [US]

File Edit View Favorites Tools Help

DMHISP | Clinical | Outpatient Episode | Outpatient Se...

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH Home Clinical Administrative Plan CIOB

7381-BIENVENIDO:7381A-BIENVENID

Other Payer

Options

Return

Payer: Other1 Insurance [07/01/2002]

SubscriberID: 1234 **Amount Paid:** 100.00

Payment Date: 9/15/2011 **Auth Code:**

Adjustments:

GroupCode:

Reason:

Amount:

Quantity:

CO-Contractual Obligations
CR-Correction and Reversals
OA-Other Adjustments
PI-Payer Initiated Reductions
PR-Patient Responsibility

Add >>

1

Save Cancel

Confidential patient information, see California Welfare and Institution Code section 5328.

Select a Group Code

Other Payer: Select Reason Code

The screenshot shows a web browser window with the URL <https://testdmhisintra.co.la.ca.us/Clinical>. The page title is "DMHISP | Clinical | Outpatient Episode | Outpatient". The main heading is "Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH". The form is titled "Other Payer".

Options:

- Return

Payer:

SubscriberID: _____

Payment Date: _____

Adjustments:

GroupCode: _____

Reason: _____

Amount: _____

Quantity: _____

Reason Codes (Listed in the dropdown menu):

- 1-Deductible Amount
- 2-Coinsurance Amount
- 3-Co-payment Amount
- 4-The procedure code is inconsistent with the modifier use
- 5-The procedure code/bill type is inconsistent with the plan
- 6-The procedure/revenue code is inconsistent with the patient
- 7-The procedure/revenue code is inconsistent with the patient
- 8-The procedure code is inconsistent with the provider type
- 9-The diagnosis is inconsistent with the patient's age. Note
- 10-The diagnosis is inconsistent with the patient's gender.
- 11-The diagnosis is inconsistent with the procedure. Note:
- 12-The diagnosis is inconsistent with the provider type. Note
- 13-The date of death precedes the date of service.
- 14-The date of birth follows the date of service.
- 15-The authorization number is missing, invalid, or does not
- 16-Claim/service lacks information which is needed for adjudication
- 17-Requested information was not provided or was insufficient
- 18-Duplicate claim/service.
- 19-This is a work-related injury/illness and thus the liability
- 20-This injury/illness is covered by the liability carrier.
- 21-This injury/illness is the liability of the no-fault carrier.
- 22-This care may be covered by another payer per coordination of benefits
- 23-The impact of prior payer(s) adjudication including payment
- 24-Charges are covered under a capitation agreement/master contract
- 25-Payment denied. Your Stop loss deductible has not been met
- 26-Expenses incurred prior to coverage.
- 27-Expenses incurred after coverage terminated.
- 28-Coverage not in effect at the time the service was provided
- 29-The time limit for filing has expired.

Table:

Group	Reason	Amount	Quantity
1			

Buttons: Add >>, Save, Cancel

Callout: Select Reason from drop down

Footer: Confidential patient information, see California Welfare and Institution Code section 5328.

Other Payer: Enter Amount & Quantity

DMHISP | Clinical | Outpatient Episode | Outpatient Service - Windows Internet Explorer

https://testdmhisintra.co.la.ca.us/ClinicalWeb/OutpatientClaimPayer.aspx County of Los Angeles [US]

File Edit View Favorites Tools Help

DMHISP | Clinical | Outpatient Episode | Outpatient Se...

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH Home Clinical Administrative Plan CIOB

7381-BIENVENIDO:7381A-BIENVENID

Other Payer

Options

Return

Payer: Other1 Insurance [07/01/2002]

SubscriberID: 1234 **Amount Paid:** 100.00

Payment Date: 9/15/2011 **Auth Code:**

Adjustments:

GroupCode: CO-Contractual Obligations

Reason: W1-Workers Compensation State Fee Schedule Adjustme

Amount: 200.00

Quantity: 3

Add >>

Group	Reason	Amount	Quantity
1			

Save **Cancel**

Confidential patient information, see California Welfare and Institution Code section 5328.

Enter Amt & Quantity (if any)

Then click to add

Other Payer: w/ Adjustment Info.

The screenshot shows a web browser window with the URL `https://testdmhisintra.co.la.ca.us/ClinicalWeb/OutpatientClaimPayer.aspx`. The page title is "DMHISP | Clinical | Outpatient Episode | Outpatient Service - Windows Internet Explorer". The browser's address bar shows the URL and a dropdown menu for "County of Los Angeles [US]". The page header includes the "Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH" logo and navigation tabs: "Home", "Clinical", "Administrative", "Plan", and "CIOB". A status bar at the top right displays "7381-BIENVENIDO:7381A-BIENVENID".

The main form is titled "Other Payer" and contains the following fields:

- Payer:** A dropdown menu showing "Other1 Insurance [07/01/2002]".
- SubscriberID:** A text box containing "1234".
- Amount Paid:** A text box containing "100.00".
- Payment Date:** A text box containing "9/15/11".
- Auth Code:** An empty text box.

Below these fields is a table with the following columns: "Group", "Reason", "Amount", and "Quantity". The table contains one row with the following data:

Group	Reason	Amount	Quantity
CO	W1	200.00	3

Below the table is an "Add >>" button. At the bottom of the form are "Save" and "Cancel" buttons.

A callout box on the left side of the form contains the following text:

The Medicare or OHC **Amount Paid** and **Adjustment Amount(s)** must balance to the **Claim Amount**.

There will be an error message if the sum of these do not equal the Claim Amount.

Confidential patient information, see California Welfare and Institution Code section 5328.

Example of an Unbalanced COB

DMHISP | Clinical | Outpatient Episode | Outpatient Service - Windows Internet Explorer

https://testdmhisintra.co.la.ca.us/ClinicalWeb/OutpatientClaimPayer.aspx County of Los Angeles [US]

File Edit View Favorites Tools Help

DMHISP | Clinical | Outpatient Episode | Outpatient Se...

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH Home Clinical Administrative Plan CIOB

7381-BIENVENIDO:7381A-BIENVENID

Other Payer

Options

Return

Payer: Other1 Insurance [07/01/2002]

SubscriberID: 1234 **Amount Paid:** 100.00

Payment Date: 9/15/11 **Auth Code:**

Adjustments:

GroupCode:

Reason:

Amount:

Quantity:

Group	Reason	Amount	Quantity
CO	W1	200.00	3
1			

Add >>

Save Cancel

Windows Internet Explorer

! - COB (\$300) does not balance to the Claim Amount (\$181.56)

OK

ion Code section 5328.

Other Payer: Correcting the Amount

DMHISP | Clinical | Outpatient Episode | Outpatient Service - Windows Internet Explorer

https://testdmhisintra.co.la.ca.us/ClinicalWeb/OutpatientClaimPayer.aspx Identified by VeriSign

File Edit View Favorites Tools Help

DMHISP | Clinical | Outpatient Episode | Outpatient Se...

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH Home Clinical Administrative Plan CIOB

7381-BIENVENIDO:7381A-BIENVENID

Other Payer ?

Options

Return

Payer: Other1 Insurance [07/01/2002]

SubscriberID: 1234 **Amount Paid:** 100.00

Payment Date: 9/15/11 **Auth Code:**

Adjustments:

GroupCode:

Reason:

Amount:

Group Reason Amount Quantity

CO	W1	81.56	3	
1				

Add >> **Save** **Cancel**

Re-enter the DA data to correct the Amount, in order to balance click Add then Save.

California Welfare and Institution Code section 5328.

Outpatient Claim screen: w/ OHC info entered

DMHISP | Clinical | Outpatient Claim | Outpatient Claim - Windows Internet Explorer

https://testdmhisintra.co.la.ca.us/ClinicalWeb/OutPatientServiceClaimDetails.aspx County of Los Angeles [US]

File Edit View Favorites Tools Help

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH Home Clinical Administrative Plan CIOB

7381-BIENVENIDO:7381A-BIENVENID

Outpatient Claim

Options

- Return
- Check Eligibility
- Service

Client Benefits

Service Date: 09/02/2011 Procedure: T1017 Mod1: HE Mod2: HS Unit Type: MJ Units: 102 Rate: 1.78

Claim Amount: 181.56 Late Code: [Dropdown]

SOC Obligation: 0.00 Medi-Cal ☒ EVC: 9 SED Healthy Families ☐

Service Facility Address ☐ EPSDT Scr Ref ☐ Emergency ☐ Pregnancy ☐ Dup Override ☐

Claim Plans:

Plan	Pay Order
CGF	1
+	
1	

Medicare / Other Insurance:

Payer	Paid Amount	SubscriberID
Other1	100.00	1234
+		

Back to Claim Screen

Click to Submit

Submit Save Cancel

Confidential patient information, see California on Code section 5328.

Claim Status Screen

Outpatient Episode

Options

Return

Find Client

Client Info

Check Eligibility

Medications

Services	Void Services	Diagnosis	Admission						
Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	D
09/04/2011	11	345	2	90815	BREWER-BCC7588				
09/03/2011	11	84	1	90802	ARANA-VIL1311				
09/02/2011	11	102	1	T1017	AKBARI-BCC9867				
09/01/2011	11	84	1	90801	ARANA-VIL1311				

Los Angeles COUNTY | **DEPT**

Claim Status

Claim ID:

Submit Date:

Submit Source:

Service Begin Date:

Service End Date:

Claim Amount:

Contracted Amt:

CPE Contract Amt:

Deny Source:

Deny Group:

Deny Reason:

Claim Type:

Void Status:

Private Ins Paid:

Medicare Paid:

Medi-Cal Paid:

DMH Local Amt:

SOC Obligation:

CPE Threshold Action:

CPE Release Type:

Deny Rule:

Deny Rule Description:

Close

Claim Amount & Contracted Amount display.
The chargeable amount for this example is
Claim Amount – OHC = \$81.56

Adding Medicare & OHC Adjustments

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7381-BIENVENIDO:7381A-BIENVENID

Other Payer

Options

Payer:

SubscriberID: Amount Paid:

Payment Date: Auth Code:

Adjustments:

GroupCode:

Reason:

Amount:

Group	Reason	Amount	Quantity
CO	12	200.00	3

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7381-BIENVENIDO:7381A-BIENVENID

Add Outpatient Claim

Options

Client Benefits: Staff Code: MCK5246

Return Service Date: 09/12/2011 Procedure: 90805 Mod1: Mod2: Unit Type: MJ Units: 60 Rate: 2.29

Check Eligibility

Service Claim Amount: Late Code:

SOC Obligation: Medi-Cal ☒ EVC: SED Healthy Families ☐

Service Facility ☐ EPSDT Scr Ref ☐ Emergency ☐ Pregnancy ☐ Dup Override ☐

Address

Claim Plans:

Plan	Pay Order	Payer	Paid Amount	SubscriberID
CGF	1	MEDICARE	100.00	123456789D

Cont. Adding OHC Adjustment

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7381-BIENVENIDO;7381A-BIENVENID

Other Payer

Options Payer: Other1 Insurance [07/01/2002]

SubscriberID: 1234 Amount Paid: 150.00

Payment Date: 09/15/11 Auth Code:

Adjustments:

GroupCode: Reason: Amount:

Group	Reason	Amount	Quantity
OA	2	150.00	3

Enter all OHC data

Enter all DA info and click Add.

Add >>

Save Cancel

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7381-BIENVENIDO;7381A-BIENVENID

Add Outpatient Claim

Back to Claim screen

Options Client Benefits: Medicare :123456789D Staff Code: MCK5246

Return Service Date: 09/12/2011 Procedure: 90805 Mod1: Mod2: Unit Type: MJ Units: 60 Rate: 2.29

Check Eligibility Claim Amount: 300.00 Late Code:

Service SOC Obligation: Medi-Cal ☒ EVC: 9 SED Healthy Families ☐

EPSTD Scr Ref ☐ Emergency ☐ Pregnancy ☐ Dup Override ☐

Other Payer box displays, Medicare & OHC payments.

Payer	Paid Amount	SubscriberID
MEDICARE	100.00	123456789D
Other1	150.00	1234

Submit Save Cancel

Submit claim w/ Medicare & OHC Payments

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7381-BIENVENIDO:7381A-BIENVENID

Add Outpatient Claim

Options

- Return
- Check Eligibility
- Service

Client Benefits: Medicare :123456789D Staff Code: VIL1311

Service Date: 09/03/2011 Procedure: 90802 Mod1: Mod2: Unit Type: MJ Units: 84 Rate: 2.29

Claim Amount: 300.00 Late Code:

SOC Obligation: 0.00 Medi-Cal ☒ EVC: 9 SED Healthy Families ☐

Service Facility Address: ☐ EPSDT Scr Ref ☐ Emergency ☐ Pregnancy ☐ Dup Override ☐

Claim Plans:

Plan	Pay Order
CGF	1
1	

Medicare / Other Insurance:

Payer	Paid Amount	SubscriberID
MEDICARE	100.00	123456789D
Other1	150.00	1234
1		

Click to Submit.

Submit Save Cancel

Claim Status Screen: Displays all payments

Claim Amount & Contracted Amount display.
The chargeable amount for this example is
Claim Amount – Medicare – OHC = \$50.00.


Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Claim Status

Claim ID:	52899674	Status:	PENDING
Submit Date:	10/07/2011	Adjudication Date:	
Submit Source:	Clinical UI	Void Status:	
		Claim Type:	ORIGINAL

Service Begin Date:	09/03/2011	Service End Date:	09/03/2011	SOC Obligation:	0.00
Claim Amount:	300.00	Private Ins Paid:	150.00		
Contracted Amt:	137.40	Medicare Paid:	100.00	CPE Threshold Action:	
CPE Contract Amt:		Medi-Cal Paid:		CPE Release Type:	
		DMH Local Amt:	50.00		

Deny Source:		Deny Rule:	
Deny Group:		Deny Rule Description:	
Deny Reason:			



Example of using Adjustment Group & Reason Code on OHC claim when no response from OHC after 90 days

Other Payer screen before clicking “Add” button

DMHISP | Clinical | Outpatient Episode | Outpatient Service - Windows Internet Explorer

https://testdmhisintra.co.la.ca.us/ClinicalWeb/ County of Los Angeles [US] Live Search

File Edit View Favorites Tools Help

DMHISP | Clinical | Outpatient Episode | Outpatient Se...

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH Home Clinical Administrative Plan CIOB

7381-BIENVENIDO:7381A-BIENVENID

Other Payer

Client: Tester , Example (.7381A002)

Options

Return

Payer: Other1 Insurance [07/01/2002]

SubscriberID: 1245 Amount Paid: 0.00

Payment Date: 9/3/2011 Auth Code:

Adjustments:

GroupCode: OA-Other Adjustments

Reason: A7-Presumptive Payment Adjustment

Amount: 183.20

Quantity: 5.33

Group	Reason	Amount	Quantity
1			

Click Add Add >>

Save Cancel

Confidential patient information, see California Welfare and Institution Code section 5328.

Internet 100%

Example of using Adjustment Group & Reason Code in OHC claim when no response from OHC after 90 days

Other Payer screen after clicking “Add” button

DMHISP | Clinical | Outpatient Episode | Outpatient Service - Windows Internet Explorer

https://testdmhisintra.co.la.ca.us/ClinicalWeb/ County of Los Angeles [US] Live Search

File Edit View Favorites Tools Help

DMHISP | Clinical | Outpatient Episode | Outpatient Se...

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH Home Clinical Administrative Plan CIOB

7381-BIENVENIDO:7381A-BIENVENID

Other Payer Client: Tester , Example (,7381A002) ?

Options Payer: Other1 Insurance [07/01/2002]

Return SubscriberID: 1245 Amount Paid: 0.00

Payment Date: 9/3/2011 Auth Code:

Adjustments:

GroupCode: Reason: Amount: Quantity:

Group	Reason	Amount	Quantity
OA	A7	183.20	5.33

Add >> 1

Click Save Save Cancel

Confidential patient information, see California Welfare and Institution Code section 5328.

Done Internet 100%

Example of using Adjustment Group & Reason Code on OHC claim when no response from OHC after 90 days

Claim screen & DA details

The screenshot shows the DMHISP Outpatient Claim screen in a web browser. The main form is titled "Outpatient Claim" and includes fields for Client Benefits, Service Date, Procedure, Mod1, Mod2, Unit Type, Units, Rate, Claim Amount, Late Code, SOC Obligation, Medi-Cal, EVC, SED Healthy Families, Service Facility, Address, EPSDT Scr Ref, Emergency, Pregnancy, Dup Override, and Claim Plans. A callout box labeled "Service Date" points to the Service Date field, which contains "06/01/2011".

To the right, a "View Service Payer Info -- Webpage Dialog" is open, showing fields for Other Insurance, Subscriber ID, Amount Paid, Payment Date, and Authorization Code. A callout box labeled "OHC Payment date must be greater than 90 days in order to use OA, A7" points to the Payment Date field, which contains "09/03/2011". Below these fields is a table with columns Group, Reason, Amount, and Quantity.

Group	Reason	Amount	Quantity
OA	A7	183.20	5.33

At the bottom of the dialog, there is a "Close" button.

LPDO Replacement Claim: Scenario Rate Change

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1930-RIO HONDO COMMU:1930A-RIO HONDO CMHC

Add Outpatient Claim

Options

Return

Check Eligibility

Service

Last Claim Info.

Claim ID: 52184...
Submit Date: 07/13/2011

Benefits

EPSTD:7/2011

Client Benefits: EPSTD:7/2011 Staff Code: 0259912

ServiceDate	Procedure	Mod1	Mod2	UnitType	Units	Rate
07/07/2011	M0064	*	*	MJ	32	6.53

Claim Amount: 208.96 Late Code:

SOC Obligation: 0.00 Medi-Cal ☒ EVC: SED Healthy Families ☐

Service Facility Address ☐ EPSTD Scr Ref ☐ Emergency ☐ Pregnancy ☐ Dup Override ☐

Claim Plans:

Plan	Pay Order
MHSA_Fam_Focused_W ellness Svc	1

Medicare / Other Insurance:

Payer	Paid Amount	SubscriberID
MEDICARE		

Select Replace

Replace Void Submit Save Cancel

LPDO Replacement Claim: Scenario Rate Change

**Error Message: The Claim Amount has changed because of the “Rate Changes”.
Change the Claim Amount to the Original Claim Amount of \$198.40.**

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH | [Home](#) | [Clinical](#) | [Administrative](#) | [Plan](#) | [CIOB](#)

1930-RIO HONDO COMMU:1930A-RIO HONDO CMHC

Add Outpatient Claim

Options

Return

Check Eligibility

Service

Client Benefits: **EPSDT:7/2011** Staff Code: 0259912

ServiceDate	Procedure	Mod1	Mod2	UnitType	Units	Rate
07/07/2011	M0064	*	*	MJ	32	6.53

Claim Amount: **208.96** Late Code: **?**

SOC Obligation: 0.00 Medi-Cal ☒ EVC: **?** SED Healthy Families ☐

Service Facility Address ☐ EPSDT Scr Ref ☐ Emergency ☐ Pregnancy ☐ Dup Override ☐

Last Claim Info.
Claim ID: 52184...
Submit Date: 07/13/2011

Benefits
EPSDT:7/2011

Plan	Pay Order
MHSA_Fam_Focused_Wellness Svc	1

Medicare / Other Insurance:

Payer	Paid Amount	SubscriberID
MEDICARE		

Windows Internet Explorer

Previous claim COB information (\$198.4) for Medicare does not balance to the Claim Amount (\$208.96) of this replacement claim.

OK

Cancel

LPDO Replacement Claim: Scenario Rate Change

The Claim after changing the Claim Amount and selecting “Replace”. The DA info is automatically populated on the other payer screen for DO claims.

Los Angeles COUNTY
DEPARTMENT OF MENTAL HEALTH

[Home](#)
[Clinical](#)
[Administrative](#)
[Plan](#)
[CIOB](#)

1930-RIO HONDO COMMU:1930A-RIO HONDO CMHC

Outpatient Claim

Options

Client Benefits

EPSDT:7/2011

Staff Code:

0259912

ServiceDate	Procedure	Mod1	Mod2	UnitType	Units	Rate
07/07/2011	M0064			MJ	32	6.53

Claim Amount:

198.40

Late Code:

SOC Obligation:

0.00

Medi-Cal

☒

EVC:

SED Healthy Families

☐

Service Facility Address

EPSDT Scr Ref

☐

Emergency

☐

Pregnancy

☐

Dup Override

☐

Submit Date: 10/11/2011

Benefits

EPSDT:1/2003

Claim Plans:

Plan	Pay Order
MHSA_Fam_Focused_Wellnes s Svc	1

Medicare / Other Insurance:

Payer	Paid Amount	Subscriber ID
MEDICARE	0.00	

Replace

Void

Submit

Save

Cancel

View Service Payer Info -- Webpage Dialog

<https://testdmhisintra.co.la.ca.us/ClinicalWeb/Popu>
County of Los Angeles [US]

Other Insurance:

MEDICARE

Subscriber ID:

Amount Paid:

0.00

Payment Date:

07/26/2011

Authorization Code:

Group	Reason	Amount	Quantity
OA	226	198.40	
1			

Close

<https://testdmhisintra.co.la.ca.us/ClinicalWeb/Popu>
Internet

LPDO Replacement Claim: Scenario Rate Change

The Claim Status screen indicating the Original Claim Amt, Contracted/DMH Amt = New Rate Calculated/DMH Amt and the Medicare Paid Amt.

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Claim Status

Claim ID:	<input type="text" value="52899693"/>	Status:	<input type="text" value="PENDING"/>
Submit Date:	<input type="text" value="10/11/2011"/>	Adjudication Date:	<input type="text"/>
Submit Source:	<input type="text" value="Clinical UI"/>	Void Status:	<input type="text"/>
		Claim Type:	<input type="text" value="RESUB"/>

Service Begin Date:	<input type="text" value="07/07/2011"/>	Service End Date:	<input type="text" value="07/07/2011"/>	SOC Obligation:	<input type="text" value="0.00"/>
Claim Amount:	<input type="text" value="198.40"/>	Private Ins Paid:	<input type="text"/>		
Contracted Amt:	<input type="text" value="208.96"/>	Medicare Paid:	<input type="text" value="0.00"/>	CPE Threshold Action:	<input type="text"/>
CPE Contract Amt:	<input type="text"/>	Medi-Cal Paid:	<input type="text"/>	CPE Release Type:	<input type="text"/>
		DMH Local Amt:	<input type="text" value="198.40"/>		

Deny Source:	<input type="text"/>	Deny Rule:	<input type="text"/>
Deny Group:	<input type="text"/>	Deny Rule Description:	<input type="text"/>
Deny Reason:	<input type="text"/>		

Detail Adjustment Error Message

Edit message indicating that the COB adjustment information is incomplete.

The screenshot shows a web browser window titled "DMHISP | Clinical | Outpatient Episode | Outpatient Service - Windows Internet Explorer". The address bar shows the URL "https://testdmhisintra.co.la.ca.us/ClinicalWeb/C...". The page header includes "Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH" and navigation tabs for "Home", "Clinical", "Administrative", "Plan", and "CIOB". The main content area is titled "Other Payer" and displays client information: "Client: Tester, Example (.7381A002)".

The form contains the following fields:

- Payer:** MEDICARE [07/01/2002]
- SubscriberID:** 123456789D
- Amount Paid:** [Empty field]
- Payment Date:** [Empty field]
- Auth Code:** [Empty field]
- Adjustments:**
 - GroupCode:** [Empty field]
 - Reason:** [Empty field]
 - Amount:** [Empty field]
 - Quantity:** [Empty field]

An "Add >>" button is located below the adjustments section. To the right of the form is a table with the following headers: "Group", "Reason", "Amount", and "Quantity". The table contains one row with the value "1" in the "Group" column.

At the bottom of the form are "Save" and "Cancel" buttons. A "Confidential" label is visible in the bottom left corner.

An error message dialog box is overlaid on the form, titled "Windows Internet Explorer". It contains a yellow warning icon and the following text:

- Medicare Paid Amount is required if Medicare is listed as a payer.
- Payment Date from Medicare is required.
- COB does not balance to the Claim Amount.

The dialog box has an "OK" button.

Detail Adjustment Error Message

Existing edit message indicating the Medicare payment date > DOS and
New edit message indicating that the COB information must balance.

The screenshot shows a web application interface for the Los Angeles County Department of Mental Health. The browser window is titled "DMHISP | Clinical | Outpatient Episode | Outpatient Service - Windows Internet Explorer". The address bar shows "https://testdmhisintra.co.la.ca.us/ClinicalWeb/". The page has a navigation bar with "Home", "Clinical", "Administrative", "Plan", and "CIOB" tabs. The main content area is titled "Other Payer" and displays a form for a client named "Tester, Example". The form includes fields for "Payer" (MEDICARE [07/01/2002]), "SubscriberID" (123456789D), "Payment Date" (9/2/2011), "Amount Paid" (30.00), and "Auth Code". There is also an "Adjustments" section with fields for "GroupCode", "Reason", "Amount", and "Quantity". A table with columns "Group", "Reason", "Amount", and "Quantity" is visible, showing a single row with the value "1". An "Add >>" button is located below the table. A "Save" button and a "Cancel" button are at the bottom right of the form. A "Windows Internet Explorer" error message box is overlaid on the bottom left of the form, displaying a yellow warning icon and the text: "Payment Date must be after the date of service." and "COB does not balance to the Claim Amount." The error box has an "OK" button. The page footer includes "Confidential" and "tion Code section 5328." The browser status bar shows "Done" and "Internet" with a 100% zoom level.

Los Angeles County Department of Mental Health

Detail Adjustment Error Message

Edit message indicating the adjustment Amount is missing.

The screenshot shows a web application interface for the Los Angeles County Department of Mental Health. The browser window title is "DMHISP | Clinical | Outpatient Episode | Outpatient Service - Windows Internet Explorer". The address bar shows "https://testdmhisintra.co.la.ca.us/ClinicalWeb/". The page has a navigation bar with "Home", "Clinical", "Administrative", "Plan", and "CIOB". The main content area is titled "Other Payer" and displays client information: "Client: Tester, Example (7381A002)". The form includes fields for "Payer:" (MEDICARE [07/01/2002]), "SubscriberID:" (123456789D), "Payment Date:" (9/10/2011), and "Amount Paid:" (30.00). Under the "Adjustments:" section, there are fields for "GroupCode:" (CO-Contractual Obligations), "Reason:" (2-Coinsurance Amount), "Amount:", and "Quantity:". An "Add >>" button is present. A table with columns "Group", "Reason", "Amount", and "Quantity" is shown, with a single row containing the number "1". At the bottom, there are "Save" and "Cancel" buttons. A Windows Internet Explorer error dialog box is overlaid on the form, displaying a yellow warning icon and the message: "Group Code, Reason and Amount are required for each adjustment". The dialog box has an "OK" button.

Los Angeles County Department of Mental Health

Detail Adjustment Error Message

Edit message indicating the Reason Code is not active on the payment date.

The screenshot shows a web application interface for the Los Angeles County Department of Mental Health. The browser window title is 'DMHISP | Clinical | Outpatient Episode | Outpatient Service - Windows Internet Explorer'. The address bar shows 'https://testdmhisintra.co.la.ca.us/ClinicalWeb/'. The page has a navigation bar with 'Home', 'Clinical', 'Administrative', 'Plan', and 'CIOB' tabs. The main content area is titled 'Other Payer' and displays client information: 'Client: Tester, Example (7381A002)'. The form includes fields for 'Payer' (MEDICARE [07/01/2002]), 'SubscriberID' (123456789D), 'Amount Paid' (30.00), 'Payment Date' (9/10/2011), and 'Auth Code'. Under 'Adjustments', there is a table with columns 'Group', 'Reason', 'Amount', and 'Quantity'. The table contains three rows: CO 2 (20.00, 1), CO 1 (100.00, 1), and CO 45 (40.00, 1). An 'Add >>' button is below the table. A 'Save' button and a 'Cancel' button are at the bottom right. An error message dialog box is overlaid on the bottom left, stating 'Reason Code is not active for the Third Party Payment Date' with an 'OK' button.

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

7381-BIENVENIDO:7381A-BIENVENID

Other Payer

Client: Tester, Example (7381A002)

Options

Return

Payer: MEDICARE [07/01/2002]

SubscriberID: 123456789D

Amount Paid: 30.00

Payment Date: 9/10/2011

Auth Code:

Adjustments:

GroupCode: CO-Contractual Obligations

Reason: 42-Charges exceed our fee schedule or maximum allowa

Amount: 50.00

Quantity:

Add >>

Group	Reason	Amount	Quantity
CO	2	20.00	1
CO	1	100.00	1
CO	45	40.00	1

Save Cancel

Code section 5328.

Reason Code is not active for the Third Party Payment Date

OK

Detail Adjustment Error Message

Edit message indicating that there can only be 6 Adjustment Reason Codes for one Adjustment Group.

The screenshot shows a web application interface for the Los Angeles County Department of Mental Health. The browser window is titled "DMHISP | Clinical | Outpatient Episode | Outpatient Service - Windows Internet Explorer". The address bar shows the URL "https://testdmhisintra.co.la.ca.us/ClinicalWeb/". The page header includes the "Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH" logo and navigation tabs: "Home", "Clinical", "Administrative", "Plan", and "CIOB". The main content area is titled "Other Payer" and displays client information: "Client: Tester, Example (7381A002)". The "Options" tab is selected, showing fields for "Payer:" (MEDICARE [07/01/2002]), "SubscriberID:" (123456789D), "Amount Paid:" (30.00), "Payment Date:" (9/10/2011), and "Auth Code:". Below these are "Adjustments:" fields for "GroupCode:", "Reason:", "Amount:", and "Quantity:". An "Add >>" button is present. A table displays the current adjustments:

Group	Reason	Amount	Quantity
CO	2	20.00	1
CO	1	100.00	
CO	45	40.00	

An error message dialog box is displayed in the foreground, stating: "There can only be up to 6 Adjustment Reason Codes per Adjustment Group: CO". The dialog box has an "OK" button. The background application shows a "Save" button and a "Cancel" button. The status bar at the bottom indicates "Done" and "Internet".

Detail Adjustment Error Message

Edit message indicating the Adjustment Amount must be a positive dollar amount.

The screenshot shows a web browser window with the URL `https://testdmhisintra.co.la.ca.us/ClinicalWeb/OutpatientClaimPayer.aspx`. The page is titled "Other Payer" and displays a form for editing a claim. The form includes fields for Payer, SubscriberID, Payment Date, Amount Paid, and Adjustments. The "Adjustments" section shows a table with columns for Group, Reason, Amount, and Quantity. The "Amount" field for the first adjustment is set to -120.00, which has triggered an error message.

Other Payer Client: Tester , Example (7381A002)

Options
Return

Payer: [Other1 Insurance [07/01/2002]]

SubscriberID: [1234] Amount Paid: [100.00]

Payment Date: [4/2/11] Auth Code: []

Adjustments:

GroupCode: [PI-Payer Initiated Reductions]

Reason: [13-The date of death precedes the date of service.]

Amount: [-120.00]

Quantity: []

Group	Reason	Amount	Quantity
1			

Add >>

Save Cancel

Institution Code section 5328.

Windows Internet Explorer

Adjustment Amount must be a positive monetary value

OK

Detail Adjustment Error Message

Edit message indicating the Quantity must be a positive number with no more than 2 decimal places.

The screenshot shows a web application interface for the Los Angeles County Department of Mental Health. The browser window is titled 'DMHISP | Clinical | Outpatient Episode | Outpatient Service - Windows Internet Explorer'. The URL is 'https://testdmhisintra.co.la.ca.us/ClinicalWeb/OutpatientC...'. The page has a navigation bar with 'Home', 'Clinical', 'Administrative', 'Plan', and 'CIOB'. The main content area is titled 'Other Payer' and displays client information: 'Client: Tester, Example (7381A002)'. The form includes fields for 'Payer' (MEDICARE [07/01/2002]), 'SubscriberID' (123456789D), 'Amount Paid' (100.00), 'Payment Date' (9/5/11), 'Auth Code', 'GroupCode' (OA-Other Adjustments), 'Reason' (2-Coinsurance Amount), 'Amount' (133.58), and 'Quantity' (-2). An 'Add >>' button is present. A table with columns 'Group', 'Reason', 'Amount', and 'Quantity' is shown, with one row containing the value '1'. A Windows Internet Explorer error dialog box is overlaid on the bottom left, displaying a yellow warning icon and the message: 'Adjustment Quantity must be a positive integer number with maximum of 2 decimal places'. The dialog has an 'OK' button. The background form also has 'Save' and 'Cancel' buttons.

Los Angeles County Department of Mental Health

Detail Adjustment Error Message

A second edit on the claim screen to ensure the COB for Medicare is balanced to the Claim Amount. (Similar edit on the Payer screen)

The screenshot shows the DMHISP Outpatient Claim screen in a web browser. The main form displays client information, service details, and claim amounts. A red circle highlights the 'Claim Amount' field with the value 233.58. Another red circle highlights the 'Amount Paid' field in the 'View Service Payer Info' dialog with the value 50.00. A third red circle highlights the 'Amount' field in the 'Medicare / Other Insurance' table with the value 98.85. An error message dialog box is open at the bottom left, stating 'COB for Medicare does not balance to the Claim Amount.' The 'View Service Payer Info' dialog is open on the right, showing subscriber information and a table of insurance coverage.

Outpatient Claim

Client Benefits: Medicare :123456789D Staff Code: BCC9867

Service Date: 09/02/2011 Procedure: 90801 Mod1: Mod2: Unit Type: MJ Units: 102 Rate: 2.29

Claim Amount: 233.58 Late Code:

SOC Obligation: 0.00 Medi-Cal ☐ EVC: ☐ SED Healthy Families ☐

Service Facility ☐ EPSDT Scr Ref ☐ Emergency ☐ Pregnancy ☐ Dup Override ☐

Claim Plans:

Plan	Pay Order
CGF	1

Medicare / Other Insurance:

Payer	Paid Amount	SubscriberID
MEDICARE	50.00	123456789D
Other1	100.00	1234

View Service Payer Info -- Webpage Dialog

Other Insurance: MEDICARE

Subscriber ID: 123456789D

Amount Paid: 50.00

Payment Date: 09/15/2011

Authorization Code:

Group	Reason	Amount	Quantity
CO	2	98.85	
1			

Windows Internet Explorer

COB for Medicare does not balance to the Claim Amount.

OK

Submit Save Cancel

Institution Code section 5328.

Detail Adjustment Error Message

Edit to ensure that the sum of the Medicare & OHC paid amounts does not exceed the Claim Amount.

The screenshot displays the 'Add Outpatient Claim' form in the Los Angeles County Department of Mental Health web application. The form is for Client: Tester, Example (7381A002). The 'Options' tab is selected, showing 'Return' as the service type. The 'Client Benefits' dropdown is set to 'Medicare : 123456789D'. The 'Service Date' is 09/02/2011, 'Procedure' is 90801, 'Mod1' is MJ, 'Unit Type' is 102, and 'Rate' is 2.29. The 'Claim Amount' is 233.58, which is circled in red. The 'Late Code' is empty. The 'SOC Obligation' is 0.00, 'Medi-Cal' is checked, 'EVC' is 9, and 'SED Healthy Families' is unchecked. The 'Service Facility Address' is empty, and 'EPSDT Scr Ref', 'Emergency', 'Pregnancy', and 'Dup Override' are all unchecked. The 'Claim Plans' table shows one plan: CGF, Pay Order 1. The 'Medicare / Other Insurance' table shows two payers: MEDICARE with a Paid Amount of 50.00 and SubscriberID 123456789D, and Other1 with a Paid Amount of 200.00 and SubscriberID 1234. Both paid amounts are circled in red. A Windows Internet Explorer error message box is displayed at the bottom, stating: 'Medicare and Other Insurance Paid Amounts cannot exceed Claim Amount. Section 5328.' The error message box has an 'OK' button.

Los Angeles County DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7381-BIENVENIDO:7381A-BIENVENIDO

Add Outpatient Claim

Client: Tester, Example (7381A002)

Options

Return

Check Eligibility

Service

Client Benefits: Medicare : 123456789D Staff Code: BCC9867

Service Date: 09/02/2011 Procedure: 90801 Mod1: MJ Unit Type: 102 Rate: 2.29

Claim Amount: 233.58 Late Code:

SOC Obligation: 0.00 Medi-Cal ☒ EVC: 9 SED Healthy Families ☐

Service Facility Address: EPSDT Scr Ref ☐ Emergency ☐ Pregnancy ☐ Dup Override ☐

Claim Plans:

Plan	Pay Order
CGF	1

Medicare / Other Insurance:

Payer	Paid Amount	SubscriberID
MEDICARE	50.00	123456789D
Other1	200.00	1234

Submit Save Cancel

Windows Internet Explorer

Medicare and Other Insurance Paid Amounts cannot exceed Claim Amount. Section 5328.

OK

Internet

Los Angeles County DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7381-BIENVENIDO:7381A-BIENVENIDO

Other Payer

Client: Tester, Example (7381A002)

Options

Return

Payer: MEDICARE [07/01/2002]

SubscriberID: 123456789D Amount Paid: 50.00

Payment Date: 09/30/2011 Auth Code:

Adjustments:

GroupCode: Reason: Amount: Quantity:

Group	Reason	Amount	Quantity
CO	45	183.58	4.3

Add >>

Save Cancel

Los Angeles County DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7381-BIENVENIDO:7381A-BIENVENIDO

Other Payer

Client: Tester, Example (7381A002)

Options

Return

Payer: Other1 Insurance [07/01/2002]

SubscriberID: 1234 Amount Paid: 200.00

Payment Date: 09/17/2011 Auth Code:

Adjustments:

GroupCode: Reason: Amount: Quantity:

Group	Reason	Amount	Quantity
CO	3	33.58	2.3

Add >>

Save Cancel

Detail Adjustment Error Message

Edit to ensure that the sum of the Medicare & OHC paid amounts does not exceed the Claim Amount.

The screenshot shows the DMHISP Outpatient Claim form in a web browser. The form is titled "Outpatient Claim" and includes fields for Client Benefits, Service Date, Procedure, Mod1, Mod2, Unit Type, Units, Rate, Claim Amount, Late Code, SOC Obligation, Medi-Cal, EVC, SED Healthy Families, Service Facility Address, EPSDT Scr Ref, Emergency, Pregnancy, and Dup Override. The Claim Amount is set to 100.00. The Medicare / Other Insurance table shows two rows: MEDICARE with a Paid Amount of 50.00 and Other1 with a Paid Amount of 100.00. A red circle highlights the 100.00 value in the Other1 row. A Windows Internet Explorer error message box is displayed at the bottom, stating: "Medicare and Other Insurance Paid Amounts cannot exceed Claim Amount." The error message box has an "OK" button.

Plan	Pay Order
CGF	1

Payer	Paid Amount	SubscriberID
MEDICARE	50.00	123456789D
Other1	100.00	1234

Windows Internet Explorer

Medicare and Other Insurance Paid Amounts cannot exceed Claim Amount.

OK

Detail Adjustment Error Message

Edit message indicating that the COB for OHC does not balance to the claim amount.

The image displays two screenshots of the DMHISP system interface, showing an error message related to a COB (Coordination of Benefits) balance issue.

Left Screenshot: Add Outpatient Claim

The form shows the following details:

- Client: Tester, Example (7381A002)
- Options: Return, Check Eligibility, Service
- Client Benefits: Medicare :123456789D
- Staff Code: BCC9867
- Service Date: 09/02/2011
- Procedure: T1017
- Mod1: HE
- Mod2: HS
- Unit Type: MJ
- Units: 102
- Rate: 1.78
- Claim Amount: 181.56 (circled in red)
- Late Code: (empty)
- SOC Obligation: 0.00
- Medi-Cal: ☒ EVC: 9
- SED Healthy Families: ☐
- Service Facility: ☐
- EPSDT Scr Ref: ☐
- Emergency: ☐
- Pregnancy: ☐
- Dup Override: ☐
- Claim Plans: (empty)
- Medicare / Other Insurance: (empty)

An error message is displayed at the bottom: "COB for at least one Other Insurance Payer does not balance to the Claim Amount." (circled in red).

Right Screenshot: Other Payer

The form shows the following details:

- Client: Tester, Example (7381A002)
- Options: Return
- Payer: Other1 Insurance [07/01/2002]
- SubscriberID: 1234
- Amount Paid: 100.00 (circled in red)
- Payment Date: 10/03/2011
- Auth Code: (empty)
- Adjustments: (empty)
- GroupCode: (empty)
- Reason: (empty)
- Amount: (empty)
- Quantity: (empty)

An error message is displayed at the bottom: "COB for at least one Other Insurance Payer does not balance to the Claim Amount." (circled in red).

Detail Adjustment Error Message

Edit message indicating that the Claim Amount (Balance) is less than or equal to zero – which means claim has *already* been paid in full.

The screenshot displays the 'Outpatient Claim' form in a web browser. The form includes fields for Client Benefits, Service Date, Procedure, Mod1, Mod2, Unit Type, Units, Rate, Claim Amount, Late Code, SOC Obligation, Medi-Cal, EVC, SED Healthy Families, Service Facility Address, EPSDT Scr Ref, Emergency, Pregnancy, and Dup Override. Below these fields are two tables: 'Claim Plans' and 'Medicare / Other Insurance'.

Plan	Pay Order
CGF	1

Payer	Paid Amount	SubscriberID
MEDICARE	50.00	123456789D
Other1	0.00	1234

An error message dialog box is displayed at the bottom of the screen, stating: 'Cannot submit claims to MediCal when claim balance is less than or equal to zero. Claim balance is calculated as follows... Claim Amount minus sum of Other Insurance, Medicare, and SOC Obligation when Medicare and or Other Insurance are payers in the claim. Lesser of Claim or Contract Amount minus SOC Obligation when Medicare and Other Insurance are not payers in the claim.'

Detail Adjustment Error Message

For Directly Operated Providers Only

The screenshot shows a web browser window displaying the 'Add Outpatient Claim' form for the Los Angeles County Department of Mental Health. The form includes fields for Client Benefits, Service Date, Procedure, Mod1, Mod2, Unit Type, Units, Rate, Claim Amount, and SOG Obligation. It also has sections for Claim Plans and Medicare / Other Insurance. An error message is displayed at the bottom of the browser window, stating: 'Medicare previous paid amount plus Other Insurance Paid Amount cannot exceed Claim Amount'. The error message is shown in a yellow box with a warning icon and an 'OK' button.

Replacement Claims ~

Medicare Paid Amt is not yet visible, however when Replacing a claim the IS retrieves the Medicare information (if any) and populates all other Payer fields including the new DA fields. Therefore, if **Medicare Paid Amt + OHC Paid Amt > Claim Amt** this edit message displays.

Detail Adjustment Error Message

For Directly Operated Providers Only

The screenshot shows the 'Add Outpatient Claim' form in a web browser. The form includes fields for Client Benefits, Service Date, Procedure, Mod1, Mod2, UnitType, Units, Rate, Claim Amount, and SDC Obligations. A table at the bottom shows 'Claim Plans' with columns for Plan, Day, and Amount. The 'Claim Plans' table has one row: 'MESA_Fam_Focused_W' with a day of '1' and an amount of '1'. A 'Medicare / Other Insurance' table also has one row: 'MEDICARE' with a day of '1' and an amount of '1'. A 'Previous claim COB information' table is also visible. A yellow warning icon is present in the bottom left corner of the form area.

Replacement Claims ~

This message occurs if the **“Claim Amount”** has changed from what is on the Original Claim.

Do Not change the Claim Amount on Replacement Claims.

Previous claim COB information for Medicare does not balance to the Claim Amount of this replacement claim.

OK